

**EXECUTIVE LOBBYING  
REGISTRATION/ RENEWAL FOR  
THE YEAR OF 2006**

(Fill in your.)

152  
**Executive Lobbyist Registration No.**

**FOR OFFICE USE ONLY**  
Postmark Date: 03/15/06

Reg. 2006

# 3097

\$110.00 NY

03/15/06 15 3097

**3060117**

1. Print in ink or type.  
1. Complete form and return with \$110 registration fee to the Board of Ethics,  
2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70801, (225) 763-8777 or  
(800) 442-6631.  
1. Initial registrations must be submitted within 5 days of (1) employment as a  
lobbyist or (2) first action requiring registration. Registrations expire as of  
December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Jelenko Juli P

Last

First

Middle

2. BUSINESS PHONE: 504-258-8964

Area Code and Phone Number

3. FAX NUMBER: 504-887-7590

4. BUSINESS ADDRESS 4713 REBECCA BLVD METAIRIE, LA 70003  
Street and No.      City      State      Zip

MAILING ADDRESS 4713 REBECCA BLVD METAIRIE, LA 70003  
Street and No.      City      State      Zip

5. EMPLOYER Roche Laboratories Inc.

6. EMPLOYER'S ADDRESS 340 Kingsland St., Nutley, NJ 07110  
Street and No.      City      State      Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization  
you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client  
or someone else pays you to lobby.

1. Name Roche Laboratories Inc.

Address 340 Kingsland St., Nutley, NJ 07110

Business or purpose Pharmaceutical Sales

Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

# EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:7E et seq. has been deliberately omitted.

Juli P. Gleankos  
Signature of Lobbyist

